

129 E. Grant Street  
West Point, NE 68788



1627 East Military Ave  
Fremont, NE 68025

## MENDLIK AUDIOLOGY

Patient Acct #: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### CHILD CASE HISTORY:

- Age at which child's ability to hear was first questioned? \_\_\_\_\_
- Does your child have any pain or discomfort in either ear today? Yes / No
- Has your child had a sudden or rapid loss of hearing in the past 90 days? Yes / No
- Does your child have acute or chronic dizziness that causes him to lay down to recover? Yes / No
- Does your child have a loss that began in only one ear in the past 90 days? Yes / No
- Has your child had ear surgery? Yes / No
- Does your child have any head noises or tinnitus? Yes / No
- Is there hearing loss in your family? Please specify: \_\_\_\_\_
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- Does your child fail to respond to ordinary sounds? Yes / No
- Was your child's birth normal? Yes / No
- Has your child been hospitalized for any illness? Yes / No
- Please specify: \_\_\_\_\_
- Does your child misunderstand conversations? Yes / No
- Does your child frequently ask you or classmates to repeat? Yes / No
- Does your child speak in a voice that is too loud or too soft? Yes / No
- Does your child show extra attention to your face when you are speaking? Yes / No
- Does your child daydream and have difficulty paying attention for a length of time? Yes / No
- Does your child have a speech that is difficult to understand? Yes / No
- Does your child depend on visual clues or gestures, such as pointing? Yes / No
- Does your child say "huh" or "what" frequently? Yes / No
- Does your child tilt his or her head to one side when listening? Yes / No
- Does your child have difficulties following directions? Yes / No
- Has your child's ear drained any fluid in the past 90 days? Yes / No
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- Is there visible or traumatic deformity of the ear? Yes / No
- Is there visible evidence of ear wax accumulation or foreign body in either ear canal? Yes / No
- Is there an Air/Bone gap in the pure ton test equal to or greater than 15dB at 500/1000/2000 Hz? Yes / No

### Otoscopic Check:

Right: Clean \_\_\_\_\_ Blocked \_\_\_\_\_ Other \_\_\_\_\_

Left: Clean \_\_\_\_\_ Blocked \_\_\_\_\_ Other \_\_\_\_\_

Patient Referred to: \_\_\_\_\_